

# Congressman David G. Valadao

## Immigration Privacy Release Form



**Fully complete the following fields. Please, print legibly.**

CONSTITUENT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one): Single / Mar / Div / Sep / Wid	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Country of Birth:		
Home Phone Number: ( )	Cell Phone Number: ( )		Email Address:			

**Is this case on behalf of someone else? If so, please provide your information below:**

APPLICANT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Country of Birth:	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Email Address:		
Home Phone Number: ( )	Cell Phone Number: ( )		Relationship to Constituent: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			

**Fully complete the relevant sections below.**

IMMIGRATION INQUIRIES			
Petitioner:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Beneficiary/Applicant:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Case and/or Receipt Number:		Type of Application:	
Office Where Application is Pending:		Date Filed:	
Country of Birth (Petitioner):		Country of Birth (Beneficiary):	

